

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

Facilities Development Division

presents

HOSPITAL INSPECTOR RE-CERTIFICATION SEMINAR SCHEDULE FOR 2004

OSHPD has scheduled recertification seminars that will cover code updates, inspection procedures, requirements and techniques used in Health Facilities and Acute Care Hospitals. These one-day seminars are designed to fulfill the education requirement for recertification. To renew and maintain valid certification, a Hospital Inspector must participate in a written recertification examination prior to the expiration of his/her certification. Certified Hospital Inspectors may apply to take the written recertification examination at the conclusion of this seminar by submitting the applicable fees with this registration form. Recertification seminars are offered each year in the Sacramento and Los Angeles areas. The schedule for upcoming and future recertification seminars is provided below. Review your certification expiration date and plan to participate in the seminar and examination best for you. Recertification is required prior to the expiration of your certification. Reservations may be faxed to (916) 654-2973 or mailed to the address on the registration form below

If you do not recertify within this required time period, you will need to take the complete examination for a new certification. Inspectors must hold a current certification to serve as an Inspector of Record.

RECERTIFICATION REGISTRATION

NAME _____

OSHPD Certification # _____

Address _____

Phone # (____) _____

FAX Number (____) _____

Please check the appropriate city and date:

Friday, March 26, 2004 (C-17)
Holiday Inn Capitol Plaza
300 J Street
Sacramento, CA 95814

(916) 446-0100

Future Recertification Dates:

August /September 2004 (C-18)
Sacramento Area

August/September 2004 (C-19)
Los Angeles Area

REGISTRATION FEE

Seminar & Recertification Exam (C-17) \$200.00

Seminar & Recertification Exam (C-18, C19)
\$225.00

Delinquency Fee \$100.00

Seminar Only \$125.00

Amount Enclosed \$_____

METHOD OF PAYMENT

☐ CHECK ☐ AMERICAN EXPRESS ☐ MASTERCARD ☐ NOVUS/DISCOVER CARD ☐ VISA

CHARGE CARD NUMBER: _____ EXPIRATION DATE: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CARD HOLDER'S NAME: _____ SIGNATURE: _____

Over ⇒

Please complete the registration form and mail your payment, payable to OSHPD, to:

OSHPD / Facilities Development
Attn: Delores Wilson
1600 9th Street, Room 420
Sacramento, CA 95814

Confirmation of attendance will be mailed upon receipt of this registration form AND fees. Additional information regarding the facility, hotel accommodations, and parking will be sent with your registration confirmation.

For more information call (916) 654-2682. NO REFUNDS will be issued for NO SHOWS.